

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-58-047186

STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 172 Primary Registration District No. 5640 3-034 Registrar's No. 4

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Davis</u> TOWN		c. CITY OR TOWN <u>Higginsville</u> <u>0540</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Corder, Missouri</u>		Length of stay in lb <u>3 days</u>	
d. STREET ADDRESS <u>1 1/2 Mi. North</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Marie</u> Last <u>Wahlers</u>			4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 10, 1884</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>1</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Concordia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry W. Thieman</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Rehkop</u>		14. NAME OF HUSBAND OR WIFE <u>Louis J. Wahlers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-30-4399 B</u>	17. INFORMANT Address <u>Marie Biesemeyer Corder, Missouri.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hysterectomy</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH. <u>3 wks before</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-9-57</u> to <u>12-14-58</u> and last saw her alive on <u>12-24-58</u> Death occurred at <u>11:57 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H.E. Fulcherson M.D.</u>		22b. ADDRESS <u>Higginsville Mo.</u>	
22c. DATE SIGNED <u>1-12-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-27-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
23d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>F. A. Hoefler Higginsville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 14, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Forrest R. Hoefler

Licensed Embalmer No. 480I
Higginsville, Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.